

CITY OF ATLANTA

Kasim Reed Mayor SUITE 1900 55 TRINITY AVENUE, SW ATLANTA, GA 30303 (404) 330-6204 Fax: (404) 658-7705 Internet Home Page: www.atlantaga.gov

DEPARTMENT OF PROCUREMENT
Adam L. Smith, Esq., CPPO, CPPB, CPPM, CPP
Chief Procurement Officer
asmith@atlantaga.gov

February 26, 2015

Dear Proponents:

Re: FC-7656, Third Party Ambulance Medical Billing Services at Hartsfield-Jackson Atlanta International Airport

Attached is one (1) copy of **Addendum No. 1**, which is hereby made a part of the above-referenced project.

For additional information, please contact Mr. Philippe Jefferson, Contracting Officer at (404) 865-8565, or via e-mail at pejefferson@atlantaga.gov.

Sincerely,

Adam I. Smith

ALS:pej

Addendum No. 1

Re: FC-7656, Third Party Ambulance Medical Billing Services at Hartsfield-Jackson Atlanta International Airport

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This Addendum No. 1 modifies and forms a part of the Request for Proposals for Project Number FC-7656 ("RFP").

Pre-Proposal Conference due date changed to Thursday, March 5, 2015 at 2:00 P.M.

Close of questions changed to Tuesday, March 10, 2015.

Proposal due date extended to Tuesday, March 24, 2015.

Proposals are due <u>Tuesday</u>, <u>March 24</u>, <u>2015</u>, should be time stamped in no later than 2:00 p.m., and delivered to the address below:

Adam L. Smith, Esq., CPPO, CPPB, CPPM, CPP
Chief Procurement Officer
Department of Procurement
55 Trinity Avenue, S.W.
Suite 1900
Atlanta, Georgia 30303

** All other information remains unchanged **

Addendum No. 1

Re: FC-7656, Third Party Ambulance Medical Billing Services at Hartsfield-Jackson Atlanta International Airport

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Acknowledgment of Addendum No. 1

Proponents must sign below and return this form with proposal to the Department of Procurement, 55 Trinity Avenue, City Hall South, Suite 1900, Atlanta, Georgia 30303 as acknowledgment of receipt of this Addendum.

| | of Addendum No. 1 for FC-7656, Third Party ervices at Hartsfield-Jackson Atlanta day of, 2015. |
|---|---|
| | Legal Company Name of Proponent |
| | Signature of Authorized Representative |
| | Printed Name |
| | Title |
| · | Date |

END OF ADDENDUM